Long-Term Care Ombudsman Program
FACT SHEET  June 2014

Authority: Annotated Code of Maryland, Title 10 – Human Services – Sections 212-214 Older Americans Act, including the requirements of 42 U.S.C. § 3058G

Protecting the rights and promoting the well-being of residents of long-term care facilities

The Ombudsman Program serves 47,000+ people in 233 Nursing Homes and 1389 Assisted Living Facilities through:

- The Office of the State Long-Term Care Ombudsman at the Maryland Department of Aging with a State Ombudsman and Ombudsman Specialist
- 19 Local Programs (36 FTEs) located in Area Agencies on Aging
- 146 volunteers contributing $623,747 worth of time (94 certified)

In FY13, the Long-Term Care Ombudsman Program provided:

- 11000+ Facility visits
- 10580 Consultations to individuals
- 323 Community Ed. Sessions
- 544 Meetings with resident councils
- 2873 Complaints addressed
- 5517 Consultations to facilities
- 159 Meetings with family councils
- 267 Participation in long-term care facility surveys
- Anonymous – 12%
- Facility/Staff – 5%

Sources of complaints:

- Residents – 36%
- Relative/Friend – 36%
- Other – Non relative guardian, bankers, clergy, public officials, other agencies

Most frequent complaints handled in Nursing Homes:

1. Discharge/eviction – planning, notice, procedures, abandonment
2. Care Plan/resident assessment – inadequate, failure to follow plan or physician’s orders
3. Dignity, respect- staff attitudes
4. Failure to respond to requests for assistance – call bells, etc.
5. Medications- administration, organization
6. Personal Hygiene - includes nail care and oral hygiene, dressing and grooming
7. Accident or injury of unknown origin – falls, improper handling, etc.
8. Symptoms unattended, including pain
9. Exercise preference/choice and/ or civil/religious rights, individual right to smoke
10. Therapies – physical, occupational, speech
Most frequent complaints handled in Assisted Living Facilities:
1. Discharge/ Eviction Discharge/eviction – planning, notice, procedures, abandonment
2. Medications- administration, organization
3. Food service – quantity, quality, variation, choice, condiments, utensils, menu
4. Physical Abuse
5. Billing/charges-notice, approval, questionable accounting wrong or denied
6. Dignity, respect – staff attitudes
7. Exercise preference/choice and or/ civil/religious rights, individual rights to smoke
8. Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure
9. Accident or injury of unknown origin
10. Shortage of staff

Program Improvements:
MDoA retained independent, national experts to thoroughly examine the Ombudsman Program and offer recommendations for improvement. Since the completion of their report in 2009, MDoA has undertaken a significant retooling of the Long-Term Care Ombudsman Program. While more work remains to be done, there has been measurable progress toward improving and enhancing this program. Accomplishments include:

- The passage of legislation submitted by the Department to align the Federal and State Ombudsman statutes in 2010,
- Hiring of a State Ombudsman and Ombudsman Specialist (a new professional position in the Office of the State Long-Term Care Ombudsman),
- Establishment of a Stakeholder’s Group in 2011 to provide input on barriers and strategies and a Coordination Team to provide ground level guidance,
- Certification requirements established and completed by all employed and volunteer Ombudsmen including special training sessions, exams, and on-line national curriculum in 2013/2014,
- State and Local Ombudsman involvement in statewide groups addressing long-term care issues,
- Implementation of a workload-based funding formula to allocate local ombudsman funds based on number of nursing homes, number of facility beds, and geographic size of the local program, and
- Expansion of the volunteer component from 98 to 146 volunteers.

State Ombudsman Goals:
1) Provide the resources needed to ensure that the Maryland Long-Term Care Ombudsman Program is operated consistently with Older American’s Act provisions and operating consistently within and between the local ombudsman programs.
2) Advocate with and on behalf of Maryland residents who live in long-term care facilities.
3) Promote quality of care and quality of life for residents including those with dementia through training, consultations, highlighting successful practices, and public policies that support resident-centered care.

This Fact Sheet summarizes the FY13 data submitted to the Administration for Community Living. For more information contact Alice H. Hedt, State Long-Term Care Ombudsman, alice.hedt@maryland.gov, 1-800-243-3425 (toll free in Maryland) or 410-767-1100.